

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: Akira GODA, et al.

-SERIAL NO: New Application

GAU:

FILED: Herewith

EXAMINER:

FOR: NONVOLATILE SEMICONDUCTOR MEMORY DEVICE AND METHOD FOR MANUFACTURING THE SAME

**INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97**

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

SIR:

Applicant(s) wish to disclose the following information.

jc625 U.S. PTO  
09/556777  
04/25/00  


**REFERENCES**

The applicant(s) wish to make of record the references listed on the attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of relevancy or any readily available English translations of pertinent portions of any non-English language references.

A check is attached in the amount required under 37 CFR §1.17(p).

**RELATED CASES**

Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present application. A copy of the patent(s) is attached along with PTO 1449.

A check is attached in the amount required under 37 CFR §1.17(p).

**CERTIFICATION**

Each item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

**PETITION**

Applicant(s) hereby request consideration of the attached information. A check is attached in the amount of the Petition fee required under 37 CFR §1.17(i)(1).

**DEPOSIT ACCOUNT**

Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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